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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis OCI 6 19.4	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year	

V. S. No. 1

1. PLACE OF DEATH	106-2
county SI Morrys	Registration Dist. No. 280
Village or City Collyworks	NoSt,Ward
Length of residence in city or town where death occurredyrsmo	If death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME LEVYE Donal	30 aut Clorice,
(a) Residence: No. Coley vanice	st., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WINDWED	MEDICAL CERTIFICATE OF DEATH
male while OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (May) (Year)
5a. If married, widowod, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yoar) Sept. 20, 1933	1 last saw helic alive on Seff 7 , 1934; death is said
7. AGE Yoars Months Days If LESS than 1 day,hrs.	THE PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Trade profession or particular	Maleuli Lun, and Date of onset
SAWYER, BOOKKEEPER, otc. 9. Industry or business in which work was dono, as SILK MILL, SAW MILL, BANK, otc. 10. Date deceased last worked et this occupation (month and this corporation (month and	toon buling,
10. Date deceased last worked et this occupation (month end year) spent in this occupation	
12. BIRTHPLACE (city or town) Colorest multiple (State or country)	Other Contributory Causes of Importance:
13. NAME Thomas I Case Clorke 14. BIRTHPLACE (city or town) Calay Frie (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Ploreuse marie Journ	c22. If doeth was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Flore marie Journ	Accident, suicide, or homicide? Date of Injury, 19
2 (State or country) 17. INFORMANT Thomas I luce Cluste, (Address)	Where did injury occur? (Specify city or town, county and State) Specify whother injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Holy To Date Soft 8, 1934	Mannor of injury
19. UNDERTAKER Thomas 11. Clorkly (Address) Coleman	24. Was disease or injury In any way related to occupation of deceased? If so, specify
20. FILED Seft 8 , 19. 34 Jolling Registrar.	(Signod) 17 Leavy M. D. (Address) Value India
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.

03413 STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		23	
County St. Mai	W)	Registration Dist. No.	12
Village or City Charl	ate ma	No. A Marys Hack -st.	Ward
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		I death occurred in a hospital or institution, give its NAME instead of street and	
Length of residence in city or town whe	re death occurredyrsmos	sds. How long In U.S. if of foralgn birth?yrsyrs.	mosds.
2. FULL NAME Thom	ras Dent		
(a) Residence: No. Char	latte Hall	St.,Ward.	
	(Usual place of abode)	If nonresident give city or town as	nd State
PERSONAL AND STATIS	1	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wine the word)	21. DATE OF DEATH	4
wall while	Chied	(Mgnth) (Day)	(Yeer)
5a. If marriad, widowad, or divorced HUSBAND of		22. I HEREBY CERTIFY That I attende	
(or) WIFE of		22. I HEREBY CERTIFY, That I attended	d daceased from
	tet 9- 26	I last saw hith alive on Rept 29 193	1., 19.
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 7: 451 m.	; daath is said
ar 7	/3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance	
	/ / ormin.	wara as follows:	Date of onset
8. Trade, profassion, or particular kind of work dona, as SPINNER,			
SAWYER, BOOKKEEPER, etc 9. Industry or business in which	(+0+	111000000000000000000000000000000000000	
work was done, as SILK MILL, SAW MILL, BANK, etc.	Student	money guerralisis	<u>r</u>
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years)		
yaar)	occupation		
12. BIRTHPLACE (city or town) Nart	h Caralina	Other Cantributery Causes of importanca:	
(Stata or country)		Moucha Drumana.	9/34
13. NAME Franciel A	1. Dent		
14. BIRTHPLACE (city or town)		Neme of operation Date of	
(State or country)	ginia	What tast confirmed diagnosis? Was there et	autanau2M1
15. MAIDEN NAME	Janker !		
E \	,	23. If daath was due to axternal causes (VIOLENCE) fill in elso tha following Accident, suicide, or homicida? Date of injury	
16. BIRTHPLACE (city or town) (State or country)	rytma	Where did injury occur?	, 19
Vanue	M Dont.	(Specily city or town, county and S	ale)
17. INFORMANT Somuel 1	J402	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC F	LAUE.
18. BURIAL, CREMATION, OR, REMOVAL		/ Menner of injury	
Place St. Paul Mc	Date OCT / , 1934	Natura of injury	
SAL Miliann	martin D		
19. UNDERTAKER Manual (Addiess)	large The	24. Was disaase or injury in any way related to occupation of deceased?	
1 Mick 1 11 11	XIA .	(Signad) layseus (Welt	7 N D
20. FILED	M. Chulle Registrar.	(Address) Thehling ma	M. U.
	Acgistrat.	" (Noulcas)	

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FUREAU V. S.	3	A Language Committee Commi	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			'5

V. S. No. 1

OR DIVORCED ("write the word) (Month) (Day) (Var) (Month) (Day) (Var) (Var) (On) WIFE of Cor) (And Divorced Cornel Corn	STATE OF MARYLAND—	CERTIFICATE OF DEATH 19415
Village of City Langth of residence in city or town where death occurred	1. PLACE OF DEATH	59
Langth of residence in city or town where death occurred to the secured in a hospital or institution, give its NAME intend of steets and number) 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. 5832 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED OR DIVOKORD Covers the yound of the young of	County Al- Macys	Registration Dist. No.
2. FULL NAME (a) Residence: No. (Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SSX 4. COLOR OR RACE S. SINCLE MARRIED, WIDOWED OR DIVORCED (write the yord) 11 married, widowed, or givorcety THUSPANIES THE PERSONAL CERTIFICATE OF DEATH 11. DATE OF DEATH 12. LIFE PERSONAL CERTIFICATE OF DEATH 13. June 14. LIFE PERSONAL CERTIFICATE OF DEATH 15. Trade, profession, or particular Work was done, as SINK MILL, SAW MILL, SAK, MCL. SAW MCL	Village or City Cloude at Atom (If	
(a) Residence: No	Length of residence in city or town where death occurredyrsyrs	ds. How long in U.S. if of foreign birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WINDOWED, OR DIVORCED (write the yord) 1/1 married, widowed, or divorced, 1/1 will be a served of the served from the ser	2. FULL NAME House Victoria for	deformeh
3. SEX 4. COLOR OR RACE OR DIVORCD (-write the yord) 11 married, widowed, or divorced- TOLORING or death is delid to these occurred on the date stated above, at 1. 13. 2. death is delid to have occurred on the date stated above, at 1. 13. 2. death is delid to have occurred on the date stated above, at 1. 13. 2. death is delid to have occurred on the date stated above, at 1. 13. 2. death is delid to have occurred on the date stated above, at 1. 13. 2. death is delid to have occurred on the date stated above, at 1. 13. 2. death is delid to have occurred on the date stated above, at 1. 13. 2. death is delid to have occurred on the date stated above, at 1. 13. 2. death is delid to have occurred on the date stated above, at 1. 13. 2. death is delid to have occurred on the date stated above, at 1. 13. 2. death is delid to have occurred on the date stated above, at 1. 13. 2. death is delid to have occurred on the date stated above, at 1. 13. 2. death is delid to have occurred on the date stated above, at 1. 13. 2. death is delid to have occurred on the date stated above, at 1. 13. 2. death is delid to have occurred on the date stated above, at 1. 13. 2. death is delid to have occurred on the date stated above, at 1. 13. 2. death is delid t		
OR DIVORCED ("write the word) 19	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
The principle of the properties of the propertie		Set 16 1936h
TAGE Years Months Days ITLESS than I day	HUSPANDONE / //3	22. I HEREBY CERTIFY, That Pattended decorded from
Date of onest Date of ones	6. DATE OF BIRTH (month, day, and year) 2004 4 1873	I last saw h. La alive on Jeff fall, 193 . death is deid
8. Trade, profession, or particular kind of work done as SPINNER, SAWER, BOOKNEEPER, out. 9. Industry or business in which was done; as SILK MILL, SAW MILL, BARK, etc. 10. Date deceased last worked at this occupation (month and possible occupation) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 21. Informant (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED 71. 19. (Signed) Manner of injury Nature of injury Natu	60 1/A /9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL Place 19. UNDERTAKER (Address) 20. FILED 21. INSORTIANE 22. Was there an autopsy? 23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? (Specify city or town, country and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) 15. Was disease or injury in any way refitted to occupation of deceased? 16. Specify (Signed) M. D. M. D. M. D.	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	heabelist Comes from
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL Place 19. UNDERTAKER (Address) 20. FILED 21. INSORTIANE 22. Was there an autopsy? 23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? (Specify city or town, country and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) 15. Was disease or injury in any way refitted to occupation of deceased? 16. Specify (Signed) M. D. M. D. M. D.	9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
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What test confirmed diagnosis? Was there an autopsy? 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Main Main Company (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. FILED 9 19. 19. 19. 19. 19. 19. 19. 19. 19. 1		Highelic Gangseen & dugs
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Place Isable 1 Date H B 1934 Nature of Injury 19. UNDERTAKER Carlo	17. INFORMANT Swelfh le Goldsforong	(Specify city or town, county and State)
(Address) 20. FILED 9/17 , 1934 Comments (Signed) (Signed) (Signed)	Sall challes about hel 100 al	
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SUREMUV.S.			
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Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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FOR BINDING

MARGIN RESERVED

V. S. No. 1 N. B.—I

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 09416
1. PLACE OF DEATH	119 2.82)
County & Mays	Registration Dist. No.
Village or City Leanardtown	No. St. Many Hasp st, Ward
Length of residence in city or town where death occurredyrs,m	(If death occurred in a hospital or institution, give its NAME instead of street and number) 10s. J. ds. How long in U.S. If of foreign birth?
2. FULL NAME Telliam Gentrede	Hall
(a) Residence: No. Oliments md (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. SEX 4. COLOR OR RACE OR DIVORCED ("unio the word) Temale 4. COLOR OR RACE OR DIVORCED ("unio the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(-3), (-3),
(or) WIFE of	22. I HEREBY CERTIFY. Thet I attended deceased from away. 16 4931, to Left 10 1990
6. DATE OF BIRTH (month, day, and year) Det 31-1932	I lest saw h elive on 9 ,193 U; death is said
7. AGE Yeers Months Days If LESS then	to heve occurred on the dete stated above, at 230 Am.
1 10 9 1 day,hr	were so collows.
8 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	Calle enllid Calilis dag 16
10. Oate deceesed last worked at this occupation (month end yeer)	1937 -
7- 0 0	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) Many (Stete or country)	Milestral Jarariles
13. NAME James Henry Hall or	Convulsions James Ggt
13. NAME temes Henry Hall or 14. BIRTHPLACE (city or town) pauland	Neme of operation. Oete of
(State or country)	Whet test confirmed diegnosis? Was there en eutopsy?_AS.
15. MAIDEN NAME Catherine And Juade 16. BIRTHPLACE (city or town) Mainland	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Mary and (State or country)	Accident, suicide, or homicide? Dete of Injury, 19
(State of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Clember 1	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Sacre & 1 Carl Date Dept 10, 193	Nature of injury
19. UNDERTAKER Cug and Well	24. Was disease or injury in eny way related to occupation of deceesed?
(Address) Danard mel	If so, specify
20. FILED 9 18 184 Camalin	(Signed) Coy Welch M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Registing U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	061 4 1934	July 5,1927	Peritonitis	3 days ago	
	WURLAN V.S.	1 1			
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
		<u> </u>			

V. S. No. 1 N. B. See instructions on back of certificate.

TION is very important.

20. FILES

of OCCUPA-

Exact statement

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 09417
1. PLACE OF DEATH Q	
County Al March	Registration Dist, No. 282
	2
Village or City organ Teon as altory	Mard If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where daath occurredyrs,mo	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Herman Hoya	lest
(a) Residence: No. California PU	St., Ward.
(Until place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Sprite the word)	21. DATE OF DEATH
That tof timele	(Month) (Day) (Year)
5a. If marriad, widowad, or divorged HUSBAND of	22. HEREBY CERTIFY. That Lattanded decleased from
(or) WIFE of	AAT 10 1937 to AAR 4 1924
5. DATE OF BIRTH (month, day, and year) Introvent 8.84	I last saw h/ 4787 aliva on
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at
50 — 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	Carcinoma of hist Date of onget
Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, atc. SALVELS (Furm)	Chemina Hakras 1
Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc	Primary Carcinoma of dash sel-
	time . Ouration: askeral years, curgo
10. Data deceased last worked at this occupation (month and 1973) 11. Total time (years) spant in this occupation occupation.	, , , , , , , , , , , , , , , , , , , ,
year) occupation 2	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town)	Inaustin from
(State or country) AT Mary Co My	matility to I wallow
13. NAME	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	23. If daath was dua to axternal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Squares for form	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Place Date Date 2,19 74	Nature of Injury
19. UNDERTAKER Dom & Mallingty	24. Was disease or injury In any way related to open pation of dacaesad?
(mond) The seal from	If so, specify

(Address) __

Registrar.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	Zittampics.
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	7		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

County Village or			No. Registration Dist. No. No. If death occurred in a horpital or institution, give its NAME instead of a	
2. FULL N	0 4/	eath occurred yrs me Alle Loved (Usual piace of abode)	St., Ward.	
PERSO	NAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DE	ATH
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day)	, 193
5a. If married, wid HUSBAND of (or) WIFE of	owed, or divorced		22. I HEREBY CERTIFY, That I	
	91	201. 20 1930	1 Jack 50 v h alive on	. 19: dea
	ears Months	Days If LESS than 1 day,hrs	to have occurred on the data stated above, atm.	
9/Industry of work work with SAW M	fession, or particular work dona, as SPINNER, R, BOOKKEPER, etc r businass in which vas dona, as SILK MILL, IILL, BANK, etc asaad last worked at cupation (month and	11. Total tima (years) spent in this occupation	Motherspring Cereft Other Contributory Causes of importance:	1
12. BIRTHPLACE (Stata or co				
	CE (city or town)	A	Name of operation	Date of
(State	CE (city or town)	Scriber aut	23. If death was dua to external causes (VIOL ENCE) fill in also the Accidant, suicida, or homicida? Date of injure Where did injury occur? (Specify city or town, count Specify whether injury occurred in INDUSTRY, in HOME, or in Plants.	following:
(Address) 18. BURIAL, CREM Place	ATION OR REMOVAL	Date 9/4 ,1935	Manner of injury	
19. UNDERTAKER	for Nee	Best	24. Was disaase or injury in any way ralated to occupation of dec	easad?

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance.			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

BINDING

RESERVED

ARGIN

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Example I	i	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUREAUV	} }				
Other contributory causes of importance:	1	Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITI	ONAL SPACE	FOR FURTH	IER STATEM	ENTS BY PHYS	SICIAN	
	2					

stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-

FOR BINDING

JARGIN RESERVED

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. mation should be carefully supplied. AGE should be -WRITE PLAINLY, WITH TION is very important. B

	-CERTIFICATE OF DEATH	1400	
1. PLACE OF DEATH County of Marins	9 0 8	M	
Villago or City P P' P	Registration Dist. No.	ings	
	ND. St., (If death occurred in a hospital or institution, give its NAME instead of street and nu	mber)	
	ros. 23 ds. How long In U.S. If of foreign blrth?yrsmos.	ds.	
2. FULL NAME Jarron Carl Jude			
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and St		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	ate	
3. SEX 4. COLOR OR RACE Color or RACE Solution of Divorced (write the word) Slack Solution S	21. DATE OF DEATH (Month) (Dey)	193 4 (Year)	
5e. If merriad, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended de		
6. DATE OF BIRTH (month, day, and year) Mug 9, 1934	Hest saw him alive on Ang 3/ 1934;	death is seld	
7. AGE Years Months Days If LESS than 1 day,hr.	to heve occurred on the date steted above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:		
8. Trada, profassion, or particular kind of work done, es SPINNER,		Date of onset	
A. Hade, profession, or particular kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (months and	- Who poing lough	7/20/34	
10. Date deceased lest worked at this occupation (month end yaar) occupation			
12. BIRTHPLACE (city or town) California (State or country)	Dther Coatributory Causes of Importence:		
	- Maratwe Stomatitis	3/30/34	
HE 13. NAME Woodles Juden 14. BIRTHPLACE (city or town) (Stete or country)	Name of operation Dete of		
15. MAIDEN NAME Florence Hill	What tast confirmed diagnosis? Was thara en auto 23. If death wes due to external ceuses (VIOLENCE) fill in also the following:	opsy?	
15. MAIDEN NAME Florence Hill 16. BIRTHPLACE (city or town) (State or country) Male	Accident, suicide, or homicide? Date of injury Whera did injury occur?	, 19	
17. INFORMANT Woodley Judes (Address) California Ind	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, DR REMOVAL Place of take Cometing Deta Sept 2, 1934	Manner of Injury		
19. UNDERTAKER IN the last has den	24. Wes diseese or injury in eny wey related to occupetion of deceased?	-Q	
20. FILED Supt 1, 1934 By Bun had Local Registrar.	(Signad) By Bean (Address) Grant Mills , Mid	M. D.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Exam	ple I	= 11	Example II			
The principal cause of death a of importance were as follows	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	A TIEN	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	001 0	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	RITECAU V.	July 5 1927	Peritonitis	3 days ago		
Other contributory causes of	importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		
				1		

Exact statement of OCCUPA.

properly classified.

TION is very important. See instructions on back of certificate.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may

1. PLACE OF DEATH	CERTIFICATE OF DEATH 03431
County St. Cuas S	Parishalian Diet Na 2 16
	Registration Dist. No. 2 6
	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrsmo	sds. Hew long in U. S. if of foraign birth?yrsmosds.
2. FULL NAME	Miles
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a(If married, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and yaar)	I last saw halfa alive on Y 1 19 3 Y death is said
7. AGE Yaars Months Days If LESS than	to have occurred on tha date statad above, atm.
d day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, atc.	J. Colon feel
9. Industry or business in which	lator
work was done, as SILK MILL, SAW MILL, BANK, etc.	
yaar) occupation	Other Coutributory Couses of importance:
12. BIRTHPLACE (city or town) (Stata or country)	Buech use an
14. BIRTHPLACE (city of town) Up C Up C	Name of operation Date of
(State of County)	What test confirmed diagnosis?
15. MAIDEN NAME Clients abut Miles 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?Dale of injury19
∑ (Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place C Date 9 1 3, 19 2 4	Manner of injury
19. UNDERTAKER 1 Lang Human (Address)	24. Was diseasa or Injury In any way related to occupation of decaased?
20. FILED G-15-, 1934 NV Jalen Registrar.	(Signed) M. D. (Address) M. D.
76 . 11 1 . 11 11 6 . 2 .	

CTATE OF MADVIAND CEDTIFICATE OF DEATH

1465 1150

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Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
O CT					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

V. S. No. 1

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certificate.

See instructions on back of

of OCCUPA-

1	. PLACE OF		H	JE MAK		CERTIFICAT	(A)	АІП	034.52
	County	174	n an	5'			Registratio	on Dist. No.	1-86
	Village or Ci	ty Lu	ad	dort		No. Land death occurred in a hospital of	or institution, give its NA	AME instead of stree	
2	Length of residence. FULL NAME (a) Residence	ИΕ	or town where	death occurred	The shop in	ds. How long in U		dent give city or tow	
Mexicon	PERSON	AL AND	STATIST	ICAL PART	CULARS	MEDIC	AL CERTIFICA	TE OF DEA	тн
3.	SEX	4. COLOR	OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEA	(Month)	(Oay)	, 193. 1/
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year)					22. I HER	EBY CERTI		, , , , , , , , , , , , , , , , , , , ,
_	AGE Year		Months	Days	If LESS than	to have occurred on the da	ate stated above, at 7	Am.	
TION	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and year) 11. Total tima (years) spent in this occupation (month and year)				orhrs.	The PRINCIPAL CAUSE Of were as follows:	F DEATH and related c	fauses of importance	Oate of onset
_					nt in this	Other Contributory Causes	of Importanca:		
	Stata or coun		nec	Thou	wheat	Im			
FATHER	14. BIRTHPLACE (State or		n) 03 (alto	, ,	Name of operation What test confirmed diagn			
MOTHER	15. MAIOEN NAME Wellinsulur de Crul 16. BIRTHPLACE (city or town)					23. If death was dua to exte Accident, suicide, or homi Where did injury occur? Specify whether injury occ	cide?(Specify city	Date of injury_	, 19 nd State)
18	BURIAL, CREMATI	ION, OR RE	MOVAL ES-HALA	pate 9-	-6-,1924	Manner of injury Natura of injury			
	(Address)	1100	sun,	Vani V, Oal	in en	24. Wes diseese or Injury i	n any way releted to oc	cupation of decease	ed?
1					Registrar.	(Address)	The contract of the contract o		el

CTATE OF MADVI AND CEDTIFICATE OF DEATH

63 (A A D) (A

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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	Example I		Example 11	
The principal cause of importance were	The second secon	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of cpilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	001 11 1203	July 5, 1927	Peritonitis	3 days ago
	RITTER STATE	3		
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

١.	STATE OF MARYLAND—	CERTIFICATE OF DEATH	03
	County St Marys	Registration Dist. No. 287	40
	Village or City Great Mills	No. St	Ward
	(If	death occurred in a hospital or institution, give its NAME instead of street and number	er)
	2. FULL NAME Land Armen Armen Mos.	ds. How long In U.S. if of foraign birth?yrsmos	ds.
cione	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) , 193	(Yaar)
5a	If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decea	sed from
6.	DATE OF BIRTH (month, day, and year) Sept 21,1934	I last saw him direcorl for sints, 1924; dea	
7.	AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at/m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
	8. Trada, profession, or particular	Ware as follows:	e of onset
NOI	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Place to a -	11-1-1
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Lacin a farina 1/1	3/34
000	10. Date deceased last worked at this occupation (month and year) this occupation		
12	BIRTHPLACE (city or town) Great Mills (State or country) md	Other Centributery Causes of importance:	
ER	13. NAME Elme a navis		
FATHER	14. BIRTHPLACE (city or town) grant mills (State or country)	Name of operation Data of	
ER	15. MAIDEN NAME Volet M. Bean	What tast confirmed diagnosis?	<u> </u>
MOTHER	16. BIRTHPLACE (city or town) - Great Mills (State or country)	Accident, suicide, or homicide? Date of injury, Where did Injury occur?	19
17.	INFORMANT Class a Marris (Address) The last had	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18.	BURIAL, CREMATION, OR REMOVAL Place from home full Mullouta Sept 21, 1939.	Manner of injury	
19.	UNDERTAKER Glom a horris (Address) gut mills hid	24. Was disease or Injury In any way related to occupation of dacaased?	
20.	FILED Sept 21, 1934 PARE hot Loca Registrar.	(Signad) Great wills, Ind	M, D,

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	l	Example II	
The principal cause of death and related causes of importance were as follows: CEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis 0 1 9	1921	Run over by street car	1 week ago
Cerebral hemorrhage BIJREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH	424
1. PLACE OF DEATH	92:0)	
County S. Marys	Registration Dist. No. 2 8	2
Village or City Glorardtown Mcd.	No. St. Mary's Hospital St.	Ward
(If Length of residence in city or town where death occurredyrsmos.	death occurred in a horpital or insultation, give its NAME instead of street and ningles. ds. How long in U.S. if of foreign birth?	
2. FULL NAME Howard Carleton	P.H.	5U5.
	The hint	The
(a) Residence: No. 1347 F. (Usual place of abode)	St., Ward. // Walkington () If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Suffember 25 (Month) (Day)	193
5a. If marriad, widowed, or divorced HUSBAND of (00) WIFE OF Annie Mundell	22. 1 HEREBY CERTIFY, That I attended d	lecaased from
6. DATE OF BIRTH (month, day, and year) July 7, 18 75	I last saw h sin alive on Sept 24 1934	: daath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5: 20 cm.	
59 2 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:	
8. Trade, profession, or particular dutamobile	1. arterios cleratio heart	Dats of onset
SAWYER, BOOKKEEPER, etc.	disease	Chronic
Tradustry or business in which work was done, as SILK MILL, Clutomokile. SAW MILL, BANK, etc	2. angual Failure	1 ye.
10. Date deceased last worked at 11. Total tima (years)	3. Cardeac Jailure with	0
this occupation (month and 2 1934 spant in this occupation 15	4 acute and metral insufficience	4 lept 24
12. BIRTHPLACE (city or town) Rosfolk, Va. (State or country)	Other Contributory Canses of importance:	Deft. 23
13, NAME Bacham Gellit		
13. NAME (3 a Chary Sellet) 14. BIRTHPLACE (city or town) Korfolk Va.	Name of operation Date of	
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an au	dansy?
15. MAIDEN NAME Martha Brown	23. It death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Karfalk, Va.	Accident, suicide, or homicide?	
(State or country)	Where did injury occur?	
17. INFORMANT Received of the Anthon	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE	CE.
18. BURIAL CREMATION, OR REMOVAL PLACE STATE OF THE PLACE PL	Mannar of injury	
19. UNDERTAKER W Deal (Addrass) 8/6 - H. D. NE. Work N.6	24. Was disease or injury in any way related to occupation of deceasad?	40
20. FILED 9 / 25, 19 3 y Barrel Registrar.	(Signad) Aug 4 D UGZ 3 Um (Address) Ually Text 2	M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nenhritis 1921 Run over by street car 1 week ago

Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis

1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

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E	xample I		Example II	
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Chronic interstitial nephrilis	001 4	1921	Run over by street car	1 week ago
Cerebral hemorrhage	The second second	July 5,1927	Peritonitis	3 days ago
1	BUNEAG	- Comment of the comm		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis .	1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(1249)
County of Mary	Registration Dist. No. 282
Village or City	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town whare dauth occurradyrs,mos	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Joseph C West	le
(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Yaar)
5a. If married, Widowed, or divorced HUSBANO of (or) WIFE of HOSTIGE Small herry	22. I HEREBY CERTIFY, That lattandad decaased from
11/21/2 12/2/6	23 , 1954 , tog 4474 3 7, 195 X
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: Ocate Feelers Daty of meet
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	A A+
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Colify
SAW MILL, BANK, etc	
11. Total time (years) this occupation (month and 1914) year)	
12. BIRTHPLACE (city or town)	Othar Contributory Causes of Importance:
(State or country) A many 65 mg	age of the way from the 3. h
II 13. NAME martin Weiffe	
13. NAME Masking Weekle 14. BIRTHPLACE (city or town)	Name of oparation Oate of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If daath was dua to axternal causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Whara did injury occur? (Specify city or town, county and State)
17. INFORMANT John M. R. Lible	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	Stance of lating
Place Sylphin Cercel Dde Sell 6 1970	Manner of injury
19, UNDERTAKER Dor to mattingly	24. Was disaasa or injury in any way ralated to occupation of deceased?
(Address) Legnas after the	off so, spacify
20. FILED 9 19-34 Care Registrar.	(Signad) M. D. (Address) M. D.
	24x I. Charles Street, Baltimore, Requesting O.S. No. 1.

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Chronic interstitial nephritis - LIVFD	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
901 4 1934			
Other contributory causes of importance: S.	May 1,1923	Other contributory causes of importance:	1 year

1. PLACE OF DEATH		(9)	
County All May	46	Registration Dist. No.	J
Village or City Que Hand	mendlownost	No. St., I death occurred in a hospital or institution, give its NAME instead of street and a	umbe
Length of residence in city or town where dea			
2. FULL NAME GOSELA	almerica (Minne	
(a) Residence: No	in your	St. Ward.	
(a) Residence. Ho	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193
5a. If married, widowed, or divorced HUSBAND of			
(or) WIFE of		22. LIA HEREBY CERTIFY, That I attended	decea
6. DATE OF BIRTH (month, day, and year)	m26-1934	I last saw h alive on fry differ 19	; des
7. AGE Years Months	Days If LPSS than 1 day,hrs.	to have occurred on the date stated above, at	
0 7	ormin.	were as follows:	Dat
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	array	(Wrong cough	13.
9. Industry or business in which)		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
	11. Total time (years) spent in this		
year)	occupation	Other Coutributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	TRUSTA (OC)		
12 12 NAME () 1 1 1 1 1	Menerel		
T	Jown (
14. BIRTHPLACE (city or town) (State or country)	Hasis to Mal	Name of operation Date of	
11 15. MAIDEN NAME	Mal d	What test confirmed diagnosis? Was there an a 23. If death was due to external causes (VIOLENCE) fill In also the following	_
16. BIRTHPLACE (city or town)	100	Accident, suicide, or homicide? Date of injury	
S (State or country)	Karpler Md	Where did Injury occur?	
17. INFORMANT Juhn 74 (Address)	offerent and Bid	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL Place of Coloryouth Comme	Pate 421 115 1934	Manner of injury	
10 HADERTAKER ONTEN Po S	no Harilles	24. Was disease or injury in any way related to occupation of deceased?	
19. UNDERTAKER (Address)	and from By	If so, specify	
1 00	111	(Signed) IT Tolemoull	-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.,

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods

should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1/	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year